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|---|--|---------------------------------------|--|---|--|
| CLAIMANT'S NAME Manal Yamout | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT | |
| POSITION Special Advisor to the Governor | | CB/D NUMBER | | DIVISION OR BUREAU Governor's Office | |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS State Capitol | | INDEX NUMBER | |
| CITY Sacramento | | STATE California | | ZIP 95814 | |

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|---|
| NORMAL WORK HOURS |
| PRIVATE VEHICLE LICENSE NUMBER |
| MILEAGE RATE CLAIMED 0.5 |
| AGENCY ACCOUNTING OFFICE USE ONLY |
| PAID BY REVOLVING FUND CHECK NUMBER 241128 |

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| CLAIMANT'S SIGNATURE | DATE 6/22/10 | SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE 6/24/10 |
| SIGNATURE OF TITLE OF AUTHORITY SPECIAL EXPENSES | | | DATE 7/2/10 |